

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 OFFICE OF THE SUPERINTENDENT'S ASSISTANT
 SCI-GREENE

FOR OFFICIAL USE ONLY

88023

GRIEVANCE NUMBER

DATE: June 28, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B PodFROM: Dan Davis
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

88023

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI GREENE	DATE: 06/27/04
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE EU585	SIGNATURE OF INMATE: Demek Rankine	
WORK ASSIGNMENT: \$1050 day relief requested	HOUSING ASSIGNMENT: RH4 FIB 8	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

SINCE 06/21/04, I HAVE BEEN AND CONTINUES TO BE HELD IN A CELL WITH NO SHOWER, NO TOOTHPASTE NO SOAP; NO CHANGE OF CLOTHINGS. NO CHANGE OF BOXERS, SOCKS, T-SHIRTS; NO HAT. NO MATTRESS, SHEETS, BLANKETS, TOWELS, NO READING MATERIALS, NO GLASSES, NO WATER, WASH RAGS, THERMAL UNDERWEARS, PENS, and without all my legal, religious, personal and educational property and CID STICKLES continues to make numerous homosexual demands and propositions on me and threatening to kill me; I continue to reject his demands. EMERGENCY transfer requested. My life is in grave danger.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Ms. Mistrik, Lt. Santow, Leggett and Meighen, Sgt. Tanner, Greggo, Dr. Sacks, Conn and DeAllens; and I have filed numerous grievances since March 6, 2004 about CID STICKLES behavior toward me. I have also reported that I am in a cell without the above items to every staff member since 06/21/04.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

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DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

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88024

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Delella	FACILITY: SCI GREENE	DATE: JUNE 27, 04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1000/day relief requested	HOUSING ASSIGNMENT: RHU F13-8	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 06/17/04, the water in my cell was turned off by C/O Cuy all day. On 06/18/04, C/O Thompson again turned off the water to my cell and this water remained off until the present time, due to the above lack of water I am unable to take my medications in a timely and consistent manner, so these medications did and continues to accumulate in my cell, which is causing me severe and continuous chest pains, and when I pressed the emergency button, staff refused to response. Emergency transfer requested immediately for my safety from staff.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Lt. Leggett, Santiago and McEighen, Sgt. Tanner, Grecco, Marshall and Mitchell, C/O Stickle Thompson, C/O Blaker and Engelhardt, Dr. Sacks Conn, the Hearing Examiner (Ms. Mistrik) and every members of the medical staff that came to my cell assistance until to the present time to no avail.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

FOR OFFICIAL USE ONLY 88025 GRIEVANCE NUMBER
--

DATE: June 28, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, **BU-5850**
F Unit, B Pod

FROM: Dan Davis
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

88025

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Sharon Deleto</i>	FACILITY: <i>SCE GREENE</i>	DATE: <i>06/21/04</i>
FROM: (INMATE NAME & NUMBER) <i>JERRICK RANKINE EU 5850</i>	SIGNATURE of INMATE: <i>Jerrick Rankine</i>	
WORK ASSIGNMENT: <i>\$1000/day relief requested</i>	HOUSING ASSIGNMENT: <i>RHU FIB-8</i>	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>Since June 18, 2004 and in retaliation for giving CIOCOY the summons to be mailed to the United States Marshall on 06/18/04 in my civil action against SCE GREENE'S STAFFS was denied all meals, medical attentions from 06/18/04 to 6/25/04 and all my properties were stolen by Sgt. Tanner, CIOCOY and Thompson and I am been held in a cell without a chair, desk, mattress, water, boxers, T-shirts, pens, soap, toothpaste, socks, thermal underwears, wash rags, and my life is been threatened daily by CIO STICKES and Thompson. EMERGENCY Transfer requested.</p> <p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I informed the hearing examiner (Ms. Mistrik), Dr. Conn and Dr. SACKS of the above I also informed Lt. Santos, MEIGHEN and LESSETT, Sgt. Tanner, Marshall and other staff members and I was told to see security.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

DC-ADM 804, Inmate Grievance System

DC-804

Part 2

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598**

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

CAMP HILL, PA 17001

GRIEVANCE NO. 88027

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION	GRIEVANCE DATE
Rankin, Derrick [REDACTED]	SCI-Greene	FB-8 Cell	6-27-04

The following is a summary of my findings regarding your grievance:

I am in receipt of your grievance dated 6-28-04 and have been assigned to investigate and respond.

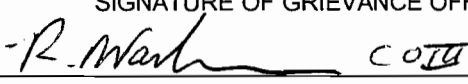
In your grievance you state the following: On 06/24/04, I was assaulted by C/O Stickles in the presence of Lt. Santoyo on my way back from the hearing for my misconduct. C/O Stickles then took away all my medication after grabbing and bending by fingers until they caused severe pain. This action was unnecessary unprovoked and unjustified and could have been avoided had C/O Stickles turned on the water in my cell all day for me to take my medications or if the PRC, Captain Hall or the Superintendent separated me from C/O Stickles since March 6, 2004 to the present time. I informed Lt. Santoyo and Leggett; and I asked to see Captain Hall and in retaliation C/O Stickles gave me a cardiac tray and refused to opened my tray slot on 6/25/04 to retrieved my tray. I was then placed on a food loaf. C/O Stickles and Thompson passed out lunch on Friday 06/25/04.

I interviewed you on 7-19-04 and you conveyed to me the above listed allegation. I interviewed Lt. Santoyo and Officer Stickles and they deny your claim of assault. While being escorted you back to your cell from yet another misconduct hearing, Officer Stickles did take the excessive amount of medication from your hand. This was accomplished without the grabbing and bending of your fingers as you claim. You also state that all this could be avoided if Officer Stickles had turned the water on in your cell and left it on all day. This could be accomplished for an inmate who follows rules and regulations, however, at the time of this complaint, you were on water restriction due to your flooding of your cell and the tier where you are located. Prior to this alleged incident, you, at different times, both refused and accepted water when it was offered to you. There is no excuse for you to have an excess of medication in your cell, or for that matter, flooding your cell or urinating out of your cell door that you have done many times in the past. You were placed on a meal loaf due to your refusal to return a food tray. You are solely responsible for your actions, not staff.

In conclusion, your claims are completely lacking in merit and cannot be substantiated. You are again reminded to use the grievance system in good faith and the filing of fictitious grievances, which you continue to do, will result in grievance restriction and/or misconducts issued.

This grievance is denied.

cc: Deputy Barone
Deputy Jackson
Grievance Coordinator
Records
Tracking Clerk
File

Print Name and Title of Grievance Officer	SIGNATURE OF GRIEVANCE OFFICER	DATE
R.Workman COIII	 C O III	7-20-04

DC-804
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DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

88027
GRIEVANCE NUMBER

9/27

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: 08/27/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: (Derrick Rankine)	
WORK ASSIGNMENT: Permanent Separation From Stickle	HOUSING ASSIGNMENT: RHU F1B8	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>On 06/24/04, I was assaulted by C/O Stickle in the presence of Lt. Santoyo on my way back from the hearing for my misconduct. C/O Stickle then took away all my medication after grabbing and bending my fingers until they caused severe pain. This action was unnecessary, unprovoked, and unjustified and could have been avoided had C/O Stickle turned on the water in my cell all day for me to take my medication or if the PRC, Captain Hall or the Superintendent separated me from C/O Stickle since March 2004 to the present time.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I informed Lt. Santoyo and Leggett and asked to see Captain Hall and in retaliation C/O Stickle gave me a cardiac tray and refused to open my tray slot on 06/25/04 to retrieve my tray. I was then placed on a Food Quarantine. C/O Stickle and Thompson passed out lunch on Friday 06/25/04.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Facility Grievance Coordinator

6/28/04

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
July 27, 2004**

SUBJECT: First-Level Appeal
To Grievance Number 88027

TO: Mr. Rankin, ~~WU-5850~~
F Unit, D Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your grievance number 88027, dated June 28, 2004; the Initial Review Response by Lieutenant Workman, dated July 20, 2004; and your first-level appeal received in this office on July 27, 2004.

Please be advised I concur fully with the Initial Review Response provided by Lieutenant Workman. Your appeal offers no evidence of merit on which to reconsider his investigation of this matter.

I must remind you that you are to use your name you were incarcerated by "Rankin" not "Rankine."

I also remind you that your behavior is your enemy—not SCI-Greene staff.

Your appeal is denied.

LSF:tls

cc: Deputies
Grievance Coordinator
DC-15

Appeal To Bar Intendent Colin SCI-GREENE
GRIEVANCE # 88027 7/20/04 111

From DERRICK RANKINE EU5850 RHUF-C-12.

First, if I had "excessive" medications, OFFICER Stickles and Lt. Santoyo was in the hearing room, and I gave this medications to the hearing EXAMINER. He heard me explained that there were no water in my cell and so my medications (4 pills) were accumulated in my cell for this reason and this reason only. Yet when the hearing examiner returned this medications to me, they said nothing and did nothing; why? If it was "excessive medications" I will tell you why. Lt. Santoyo and C/O Stickles, Blaker, Andersen, Hendersen, Bowlin, Lt. Meighen, and Sgt. Grego have been and continues to attempt to murder me, to keep me silent about the homosexual demands that C/O Stickles and Blaker made on me and continues to make on me; and when I refused they called me "A piece of shit", "A homo", "A Faggot", "Stinking Rankine", "A rapist", "A child molester" and threatened to kill me. From March 2, 2004 to now, and so assaulting me was just a cover to provoked me into a confrontation, while both my hands were handcuffed behind my back, as Lt. Santoyo, C/O Stickles could kill me and claimed I attacked them, with my hands, handcuffed behind my back.

Next, why were this medication returned to me at night time pill line? If the water was on ~~my~~ ⁱⁿ my cell during the day? I will tell you why, because there were no water on in my cell from 4 A.M. to 1 P.M. on 6/24/04. Now, we all know that pictures don't lie and FIB-8 is a camera cell; so look at the pictures from 6/21/04 to 6/30/04 and see who the liar is. Therefore, Lt. Workman is mistaken can be substantiated and prove beyond any doubt. YES C/O Stickles assaulted me on 6/24/04.

Respectfully,
Derrick Rankine

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

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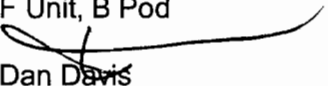
88077

GRIEVANCE NUMBER

DATE: June 29, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: 
Dan Davis
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☒ **The issue(s) presented on the attached grievance has been reviewed and addressed previously.**

Additional Comments: Refer to grievance number 88024, 88023 and 87238.

DD:ack

cc: FILE
DC-15

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY
88077
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon DeLeo	FACILITY: SCI GREENE	DATE: JUNE 29 04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE Derrick Rankine	
WORK ASSIGNMENT: \$1000/day relief requested	HOUSING ASSIGNMENT: RHU FIB-8	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since arriving at SCI GREENE on 01/20/04, RHU staff continues to abuse and torture me, without provocations or justifications. For example from 02/22/04 to 03/02/04 05/03/04 to 05/08/04 and 06/17/04 to 06/26/04 was denied all meals and from 05/16/04 to 05/22/04 was denied all dinners by C/O Blaker, Henderson, Piper, Bowlin and Sgt Gadzag. Now, since 06/17/04 am and was denied water for up to 18 hours straight, denied medications was forced to drink toilet water and my urine; have no sheets, blankets, mattress, towels; no property, soap, toothpaste, pens, writing materials, boxers, socks, T-shirts, no desk or chairs; unable to take a shower; denied access to the yard from 04/27/04 to now, and my life is threatened by C/O Stickle et al.

B. List actions taken and staff you have contacted, before submitting this grievance.

Sgt Z informed Lt. Santoyo, Meighen, Leggett, Dr. Sacks and Dr. Conn. the hearing examiner, Sgt Bowman, Haywood, Tanner and C/O Johnson, Henderson, Stickle and Engelhardt and yet I am still without the above supplies. I was given water on 06/28/04 at 8 p.m. after spending all day with out water. Personnel Conference Requested.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy


EMERGENCY Transfer Requested

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: July 16, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: 
Superintendent's Assistant

FOR OFFICIAL USE ONLY
89915
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
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9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☒ **The issue(s) presented on the attached grievance has been reviewed and addressed previously.**

Additional Comments: Refer to grievance number 88023.

DD/djk

CC: FILE
DC-15

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

89915
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR DAN DAVIS	FACILITY: SCI GREENE	DATE: JULY 14, 2004
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1500 Day Relief Requested	HOUSING ASSIGNMENT: RHU FIB 8	
INSTRUCTIONS: Permanent Separation From C/O Stickle, Blaker, Anderson, Bowlin 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. and HENDERSEN REQUESTED.		

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 07/11/04, 07/02/04, 07/13/04 to NOW I asked C/O Stickle, C/O Brown, C/O Engelhardt, Sgt. Green, Sgt. Marshall, Sgt. Bowman, C/O Anderson, Sgt. Lowe, Lt. Santucci, Lt. Meighen and Dr. Sacks, Mr. Iran, and Dr. Conn for a replacement pen, a soap, a toothpaste, Ashwager boxers, T-Shirts, my legal property, a bible, access to the yard and law library and these were all denied. In retaliation for me refusing to withdraw my lawsuit against SCI GREENE 2) refusing to have a homosexual relationship with C/O Stickle and C/O Blaker, and withdrawing my criminal appeals. This has been going on since June 17, 2004 to now.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Mr. Iran, Dr. Sacks and Dr. Conn. I then asked to see the RHU Captain, and sent a request to PRC and Superintendent Folino, letter to Secretary Beard, 1 to Governor Rendell, Congressman Chaka Fattah and 2 letters to Judge Baxter and the Courts.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

DATE: July 16, 2004
SUBJECT: Grievance Rejection Form
TO: Mr. Rankin, EU-5850
F Unit, B Pod
FROM: Dan Davis
Superintendent's Assistant

FOR OFFICIAL USE ONLY 89918 GRIEVANCE NUMBER
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The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
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 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
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11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD/djk

CC: FILE
DC-15

89918
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Dan Davis	FACILITY: SCI GREENE	DATE: 07/14/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE of INMATE Derrick Rankine	
WORK ASSIGNMENT: \$1000/day relief requested	HOUSING ASSIGNMENT: with supplies RHU FIB 8.	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since Jan 20, 2004 in an effort to cover their criminal conduct, deny me access to the courts, RHU staff continue to deny me the necessary supplies to complete my administrative remedies and communicates with the courts. For example, on June 30, 2004 and July 14, 2004, I was denied all supplies by C/O Thompson. On July 3, 2004, I was denied supplies by C/O Engelhardt and on July 8, 2004, I was denied all supplies by C/O Schnap and today I was given 3 grievances, 3 requests to staff, 3 sick call slips and 6 cash slips by C/O Jordan. Even though I asked for a grievance and 12 requests to staff.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed C/O Thompson, Engelhardt, Schnap and Jordan that I have 6 misconduct appeals to file and 6 grievances appeals to file and I was told by you and your appeals you homo and enbrea Nigbet. I then informed Lt. Leggett, Meichen and Santoyo, Mr. Ivan Dr. Sacks, Lt. Tanner, Hogwood and others to no avail.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: July 16, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: Dan Davis
Superintendent's Assistant

FOR OFFICIAL USE ONLY 89921 GRIEVANCE NUMBER
--

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD/djk

CC: FILE
DC-15

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

89921

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR
Dan Davis

FACILITY:
SCT. GREENE

DATE:
7/11/04

FROM: (INMATE NAME & NUMBER)
DERRICK RANKINE E45850

SIGNATURE of INMATE:
Derrick Rankine

WORK ASSIGNMENT:
\$1500/day relief requested

HOUSING ASSIGNMENT:
R HU F138

INSTRUCTIONS: and permanent deprivation from C/O Stickle's cell
1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since June 21, 2004 to NOW and From March 2, 2004 to NOW C/O Stickle's continues to threatened to kill me, called me a piece of shit, bambed on my cell door when I am sleeping, come over the microphone in my cell and called me a faggot, a homo, a f-r-i-k-i-n-g n-i-g-g-e-r, tell other inmates that I am a rapist and a child molester, offered extra trays to other inmates to abuse me, threatened my life and to help torture me, and C/O Stickle's told me that this will continue until I withdraw my lawsuit, die, or have a homosexual relationship with him and C/O Blaker.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Lt. Meighen and Santoyo; Sgt. Tanner Haywood, Grego, Marshall, and Harvill, get nothing was done, as a matter of fact C/O Stickle's was at my cell door on 7/11/04 and 7/12/04 doing the above and came over the microphone on 7/12/04 with the above derogatory names.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

Personal Conference requested.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY 88930 GRIEVANCE NUMBER
--

DATE: July 8, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: Dan Davis
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. _____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. _____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. _____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. _____ Group grievances are prohibited.
5. X **The grievance was not signed and/or dated.**
6. _____ Grievances must be legible and presented in a courteous manner.
7. _____ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. _____ Grievances based upon different events shall be presented separately.
9. _____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. _____ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. _____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. _____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

88930
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon DeBeto / Dan Davis	FACILITY: SCI GREENE	DATE: 7/4/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHM FIB 8	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

SINCE JUNE 2004, I HAVE SENT 3 REQUESTS TO THE MEDICAL DEPARTMENT ASKING TO BE PLACED ON A HIGH PROTEIN DIET; DUE TO MY RAPID WEIGHT LOSS AND LACK OF ENERGY AND ZINSTEAD CLO STICKLES, THOMPSON AND ENGELHART IS FORCING ME TO ACCEPT A CARDIAC DIET IN RETALIATION FOR SUING THEM IN THE FEDERAL COURTS.

PERSONAL CONFERENCE WITH PRC AND THE SUPERINTENDENT REQUESTED.

I WAS GIVEN A TRAY WITH NO EGGS ON 7/4/04. 4 SUGARS 4 BUTTERS AND NO CEREAL. AT LUNCH I WAS GIVEN A CARDIAC TRAY BY CLO ENGELHART AND THOMPSON, WHILE MY TRAY WAS GIVEN TO ANOTHER INMATE; THIS OCCURRED ON 7/31/04 TOO.

B. List actions taken and staff you have contacted, before submitting this grievance.

I INFORMED CLO STICKLES, ENGELHART AND THOMPSON THAT I SHOULD BE ON A HIGH PROTEIN DIET OR A REGULAR DIET. YET THEY CONTINUES TO GIVE ME A CARDIAC DIET. I ALSO SENT ANOTHER REQUEST TO MEDICAL ASKING TO BE WEIGHTED AND TO BE PLACED ON A HIGH PROTEIN DIET. THEN ASKED TO SEE THE RHM / Lt. or Captain TO NO AVAIL.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

Emergency Transfer Requested

FOR OFFICIAL USE ONLY
88931
GRIEVANCE NUMBER

DATE: July 8, 2004
SUBJECT: Grievance Rejection Form
TO: Mr. Rankin, EU-5850
F Unit, B Pod
FROM: Dan Davis
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____ Date.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:tlb

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

88931
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Sharon Delella</i>	FACILITY: <i>SCI-GREENE</i>	DATE: <i>7/24/04</i>
FROM: (INMATE NAME & NUMBER) <i>JERRICK RANKINE EUS 850</i>	SIGNATURE OF INMATE: <i>Jerrick Rankine</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <i>RHU FIB 8</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On July 3, 2004, C/O Stickle and Sgt. Gregco attempted to GIVE ME A LOAF FOR MY dinner, I informed them that I WAS OFF THE LOAF and in retaliation my dinner tray was given to another inmate and I WAS DENIED my dinner by Sgt. Gregco and C/O Stickle; in retaliation for filing a LAW SUIT against SCI-GREENE.

I WAS told that this will continue until I withdraw my LAW SUIT against SCI-GREENE by Sgt. Gregco and C/O Stickle.

PERSONAL CONFERENCE REQUESTED with RT PRC and the Superintendent.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Sgt. Gregco that I HAVE NO intention of withdrawing my LAW SUIT, and asked to speak to the RHELT or Captain Hall. Since March 6, 2004 I HAVE BEEN and CONTINUES to REQUEST A PERMANENT DEBARATION from C/O Stickle to NO AVAIL. I then informed the NURSE of the ABOVE.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

FOR OFFICIAL USE ONLY

90302

GRIEVANCE NUMBER

DATE: July 19, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, 5850
F Unit, C Pod

FROM: Dan Davis
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ The grievance was not signed and/or dated.
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments: If this grievance issue is still of concern to you, please correct the deficiencies noted above and resubmit the grievance form using the grievance number provided on the grievance form. Please resubmit the corrected grievance form within five (5) working days. DO NOT USE THE GRIEVANCE NUMBER PROVIDED FOR ANY OTHER ISSUE. You must use your commitment name on all correspondence with DOC.

DD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

90302
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Dan Davis	FACILITY: SCI-GREENE	DATE: 7/17/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE Derrick Rankine	
WORK ASSIGNMENT: \$1000/day relief requested	HOUSING ASSIGNMENT: RHU FC-12	
INSTRUCTIONS: and permanent separation from CLOSTICKLES 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. BLAKER and HENDERSEN		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. On 07/16/04, during dinner line CLOSTICKLES called ME "A bitch," "A piece of shit" and CLO BLAKER called ME "A piece of shit" in the presence and hearing of all the inmates on C-pod, without provocation or justification, which humiliated, embarrassed, degraded and demeaned me and cause me to have nightmares and sleeplessness; with a severe head ache. Again, I would like to be given an emergency transfer away from CLOSTICKLES, BLAKER, HENDERSEN, BOWLIN, COY, TANNER, MEIGHEN, SANTOS, LEESETH. Since it is apparent Lt. Meighen, Santos, Lt. Gregco, Tanner and Lt. LEESETH approves and condones the above behavior from CLOSTICKLES, BLAKER, BOWLIN and HENDERSEN.		
B. List actions taken and staff you have contacted, before submitting this grievance. I asked to see the RHEL (Meighen) to no avail. I then thank CLOSTICKLES and BLAKER and apologized to CLOSTICKLES and BLAKER, for not doing anything to get them upset. Personal Conference requested; with Superintendent and PRC.		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

FOR OFFICIAL USE ONLY

90303

GRIEVANCE NUMBER

DATE: July 19, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, BU 5850
F Unit, C PodFROM: Dan Davis
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ___ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ___ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ___ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ___ Group grievances are prohibited.
5. X The grievance was not signed and/or dated.
6. ___ Grievances must be legible and presented in a courteous manner.
7. ___ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ___ Grievances based upon different events shall be presented separately.
9. ___ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ___ You are currently under grievance restriction. You may not file any grievances until _____.
11. ___ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ___ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments: If this grievance issue is still of concern to you, please correct the deficiencies noted above and resubmit the grievance form using the grievance number provided on the grievance form. Please resubmit the corrected grievance form within five (5) working days. DO NOT USE THE GRIEVANCE NUMBER PROVIDED FOR ANY OTHER ISSUE. You must use your commitment name on all correspondence with DOC.

DD/djk

CC: FILE
DC-15

Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

90303
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>Dan Davis</u>	FACILITY: <u>SCI GREENE</u>	DATE: <u>July 17, 2004</u>
FROM: (INMATE NAME & NUMBER) <u>JERRICK RANKINE EU5850</u>	SIGNATURE OF INMATE: <u>Jerrick Rankine</u>	
WORK ASSIGNMENT: <u>\$1000/day relief requested</u>	HOUSING ASSIGNMENT: <u>RHUC-12</u>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

From 06/21/04, I WAS CONFINED IN A CELL FIB-8 WITH TOOTH PASTE, PENS SOAP, A SHOWER, A RAZOR, OINTMENT, DEODORANT, CHANGE OF UNDER CLOTHING, SHEETS, BLANKET, A PILLOW, AND WITHOUT ANY OF MY PROPERTY, PERSONAL, LEGAL OR RELIGIOUS, WITH EVEN MY BIBLE. ON 07/16/04, I WAS MOVED TO G-12, AND ON 07/17/04, I WAS ONLY GIVEN A PEN, A COMB, A TOOTH PASTE, A TOOTH BRUSH, A BLANKET, A TOWEL, AND A TEAR SHEET AND A GOOD SHEET WITH A PILLOW CASE AND MY SHOWER SLIPPERS BY CLO BOMBERGER. I SUFFER CONSTANT HUMILIATION, EMBARRASSMENT, DEPRESSION, NIGHTMARES, HEADACHES, JOINT PAINS, BACK PAINS, DEGRADATION AT THE HANDS OF CLO STICKLES, BINKER NESS, ANDERSON, THOMPSON, COY, ENGELHART, AND HENDERSEN AND OTHER.

B. List actions taken and staff you have contacted, before submitting this grievance.

I ASKED CLO BOMBERGER FOR ALL MY PROPERTY, A SOAP, A SHOWER, ANOTHER TOWEL, CHANGE OF UNDERWEARS, AND TO SPEAK TO THE RHU, AND PRESSED THE EMERGENCY BUTTON ALL DAY AND THEN FILED THIS GRIEVANCE. I WOULD LIKE ALL MY LEGAL PROPERTY TO PREPARE AND MAILED MY BRIEFS TO THE COURTS BEFORE THE DEADLINE RUNS.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

Personal Conference requested with the
warranting and PRC.

Informed RHU staff 7/17/04 and
either.

FOR OFFICIAL USE ONLY

90304

GRIEVANCE NUMBER

DATE: July 22, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, ~~EL-5850~~
F Unit, C Pod

FROM: 
Dan Davis
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments: If this grievance issue is still of concern to you, please correct the deficiencies noted above and resubmit the grievance form using the grievance number provided on the grievance form. Please resubmit the corrected grievance form within five (5) working days. DO NOT USE THE GRIEVANCE NUMBER PROVIDED FOR ANY OTHER ISSUE. You must use your commitment name on all correspondence with DOC.

DD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

90304
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Don Davis	FACILITY: SCI GREENE	DATE: 07/21/04
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE #15850	SIGNATURE OF INMATE: Jerrick Rankine	
WORK ASSIGNMENT: \$1500 day requested plus the return of all	HOUSING ASSIGNMENT: F-C-12	
INSTRUCTIONS: my property.		
1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. <p>On 06/21/04, All my personal, religious, Educational and legal properties were stolen by Captain Hall, Lt Leggett, Sgt Tanner, C/O Coy and C/O Thompson in an effort to obstruct the due administration of justice. These properties have not been returned to me as yet and one of my deadline to responded to the courts July 12, 2004 have passed and another one will run on July 29, 2004. Also, I have and continues to be denied access to the Law Library from 02/22/04, which clearly shows that all of the above actions are unprovoked, and unjustified and deserves no other but pose that to deny me access to the Courts.</p>		
B. List actions taken and staff you have contacted, before submitting this grievance. <p>I asked Lt Workman, Meighen, Lt Leggett, Sgt Gregco, Sgt Marshall, Sgt Bowman, Sgt Tanner, Dr Sacks and Mr Ivan for my property. I filed a grievance and numerous requests and sent two letters to Secretary Benita Governor Rendell, the Attorney General, the Prison Society and my Family about the above situation and C/O Stickles.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

Personal Conference requested with PRC and the Superintendent.

Mr. Ivan, Dr. Sacks and Dr. Conn were informed on 06/25/04, 07/01/04, 07/19/04 and 07/20/04.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY 90305 GRIEVANCE NUMBER
--

DATE: July 22, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, [REDACTED]
F Unit, C Pod

FROM: Dan Davis
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments: If this grievance issue is still of concern to you, please correct the deficiencies noted above and resubmit the grievance form using the grievance number provided on the grievance form. Please resubmit the corrected grievance form within five (5) working days. DO NOT USE THE GRIEVANCE NUMBER PROVIDED FOR ANY OTHER ISSUE. You must use your commitment name on all correspondence with DOC.

DD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

90305

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Dan Davis	FACILITY: SCI-GREENE	DATE: 07/21/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5856	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1000/day relief requested.	HOUSING ASSIGNMENT: RHUF-C-12	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 07/21/04 I gave C/O Thompson my misconduct Appeal Number A562029, to the Superintendent and C/O Thompson read this Appeal. At breakfast I was given a tray with 7 sugars, 2 butter, 2 pancakes, hot cereal, a cup of coffee and a box of milk with a opened container of pine-apple juice loaded with spit by C/O Engelhardt and Thompson.

Note: this is a good example of the barbaric inhumane and sadistic nature of C/Os here at SCI-GREENE; AS you can see giving me another juice would have taken away all grounds or reasons for filing this; since I spoke to both C/Os first, but these C/Os are too cruel and sadistic for their own good and this is the reason why I went to the Court to seek redress of all wrongs done to me.

B. List actions taken and staff you have contacted, before submitting this grievance.

I pressed the emergency button and asked to see the RHU Lt. or Sgt. twice then returned this juice to C/O Thompson and drank and informed both C/O Engelhardt and Thompson of this. C/O Engelhardt told me that if I filed a grievance he would not feed me. At lunch I was given a tray by C/O Henry and Schnap load with spit. I returned this tray to C/O Engelhardt after asking to the RHU Lt. I also pressed the emergency button once.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

90313

GRIEVANCE NUMBER

DATE: July 22, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, BU-5850
F Unit, B PodFROM: Dan Davis
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:tls

cc: FILE
DC-15

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

90313

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Dan Davis	FACILITY: SCI GREENE	DATE: 07/21/04
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE E115855	SIGNATURE OF INMATE: Jerrick Rankine	
WORK ASSIGNMENT: \$1000/day relief requested and permanent	HOUSING ASSIGNMENT: RHU F-C-12	
INSTRUCTIONS: SEPARATION FROM CLOSTICKLES, BLAKER, Sgt Gregco, Lt Meighen, Sgt Tanner and Lt Leggett. 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>Since July 16, 2004, CLOSTICKLES and BLAKER continues to come to my cell door and threatened to kill me, hang-me up; calling me a piece of shit, stinking RANKINE, a Nigger, A Faggot, A homo, A child molester and a rapist. Without provocation. The above ZINCIDENCE occurred on 07/16/2004, 07/17/04, 07/18/04, 07/19/04, 07/20/04 and 07/21/04, EVEN WHILE I WAS GIVING A STATEMENT TO Lt Workman and AFTER I GAVE THE STATEMENT TO Lt Workman about CLOSTICKLES and BLAKER, and EVEN IN THE PRESENCE OF Sgt Gregco who just laughed. CLOSTICKLES EVEN WENT AS FAR AS TO TOLD ME THAT I SMELLED LIKE "his mother's stinking pussy" on 07/20/04, and 07/21/04; in the PRESENCE OF Sgt Gregco, CLO Bowlin, Blaker, HENDERSEN and PIPER who all laughed.</p> <p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I informed Sgt Gregco, Lt Meighen and Mr. Ivan on 07/19/04 and 07/20/04. I also informed the bubble officer and Lt. Workman and sent a request to Captain Grady. I then sent a letter to Judge Baxter and Secretary Beard and to my family dealing the above abuses. I then sent a letter to Governor Rendell and this grievance</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

Personal conference requested with PRC and the Superintendent DR

DC-ADM 804, Inmate Grievance System

Attachment B

DC-804

Part 2

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598**

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

CAMP HILL, PA 17001

GRIEVANCE NO. 90518

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION	GRIEVANCE DATE
Rankin, Derrick	EU-5850	SCI GRN	7-25-04

The following is a summary of my findings regarding your grievance:

I am in receipt of your grievance and have been assigned to investigate your concerns. You are claiming the following: Denied all meals from 6-17-04 to 6-25-04; Denied water from 6-16-04 to 6-30-04; placed on a foodloaf from 6-25-04 to 7-2-04 and 7-3-04 to 7-11-04 respectively. You further claim that staff have denied you showers from 5-27-04; Access to the law library from 2-28-04; Access to the yard from 4-27-04.

DC-ADM 804 is very specific: You must file your written grievance within 15 days of the alleged incident – however, I will answer your allegations of Denial of meals, Denial of Water, and being placed on a foodloaf. The other allegations (Denial of showers, access to the law library and access to the yard) are so outdated that I am forced not to answer them. In the future be more timely with your grievances or they will be denied in full.

"Denied All Meals" from 6-17-04 to 6-25-04 – You were placed on LOAF on 6-17-04. This was due to your refusal to give back your tray for the evening meal (REF M/C#A562979). You accepted 7 of 21 loaves and the restriction was removed on 6-25-04. Then, on 6-25-04 (lunch meal), you refused to give back your foodtray and once again you were placed on the loaf (REF M/C#A562012).

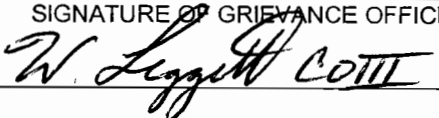
"Denied Water" from 6-16-04 to 6-30-04 – This is an absolute lie. Your water was shut off for a short period of time when C pod was flooding but this was a very minor inconvenience. This "Shutdown" protects ALL inmates on the pod from further destruction when the pod floods.

"Placed on Foodloaf" from 6-25-04 to 7-02-04 and 7-3-04 to 7-11-04 – Due to your overwhelmingly poor adjustment and problematic behavior, especially when you receive a regular tray.

I have answered your allegations – now I will give you a direct order. You are to use your committed name "Derrick Rankin" on ALL DOC Paperwork. If you write your name as "Derrick Rankine", Your paperwork could be voided and you could receive a misconduct for Refusing to obey an order. This WILL be the final order issued to you.

In conclusion, I find your grievance to be lacking in many aspects – It is frivolous and therefore vehemently denied.

DC-13

Print Name and Title of Grievance Officer W Leggett COIII	SIGNATURE OF GRIEVANCE OFFICER 	DATE 8-14-04
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DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

90518
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Dan Davis	FACILITY: SCI GREENE	DATE: 07/25/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1000/day relief requested plus \$120,000	HOUSING ASSIGNMENT: F-C-12 RHU	
INSTRUCTIONS: For Cost of property		
<p>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</p> <p>2. State your grievance in Block A in a brief and understandable manner.</p> <p>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</p>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>In retaliation for filing a Civil Law Suit and Criminal Charges against SCI GREENE'S STAFF and giving CIO Coy the summons to be mailed to the United States Marshall on June 18, 2004; Captain Hall, Lt. Leggett, Sgt. Tanner, CIO Coy and CIO Thompson stolen my (all my) legal, personal religious and educational properties and in trying to forced me to withdraw this law suit by not returning these properties. I was also denied all meals from 06/17/04 to 06/25/04; water from 06/16/04 to 06/30/04, placed on a food loaf from 06/25/04 to 07/02/04; 07/03/04 to 07/11/04 in retaliation for filing said law suit. I am and continues to be denied showers from 05/27/04; access to the law library from 02/28/04; and access to the yard from 04/27/04 to now. THREATENED daily my clothes, Blaker and Bowlin with death.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I informed Dr. Sacks, Conn, Mr. Ivan, Lt. Workman, Lt. Meighen, Sgt. Cassidy, Sgt. Tanner, Sgt. Gregco, Sgt. Bowman, Lt. Santiago. Filed numerous requests to Captain Graine, PRC and Superintendent Folino to NO AVAIL. I would like all my properties returned to me immediately plus a check for \$1000/day placed on my inmate account forth with.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

7/26/04

Date

9/10

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER 50 90518		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Dan Davis (Grievance Coordinator)		2. Date: 08/9/04	
3. By: (Print Inmate Name and Number) DERRICK RANKINE 10050 Derrick Rankine Inmate Signature		4. Counselor's Name Mr. Ivan	
6. Work Assignment #1553 day relief requested.		5. Unit Manager's Name Captain Graine	
8. Subject: State your request completely but briefly. Give details. Due to my Court deadlines of July 12, July 30 and now August 14, 2004, I am unable to agree to any deadline for grievance number 90518. I want my property returned to me immediately with the necessary supplies to draft and mail my brief to the courts. The Superior Court have ordered you, Superintendent Fulin, PRC, Mr. Ivan and Captain Graine to give me the necessary supplies to draft and mail my legal documents to the court pursuant to Burns v. OHIO. I have informed the courts that you all have refused to obey this order plus that Captain Hall, Lt. Leggett, Sgt. Tanner, Lt. Meighen, C/O Cox, Thompson, Sgt. Greco, Lt. Santoro, et. al. have removed all my legal materials from my cell on June 21, 2004 and is tampering with my mails. Now I want my property plus 1500 typing sheets, 150 carbon paper, 15 pens, 15 manila envelopes, access to and use of the law library, copy machine and a stapler. I am indigent. My cases are CA04-100716 CP 0001-0650-III CH03-103 ETIE		7. Housing Assignment RHU F-C-12.	
9. Response (This section is for Staff Response only)			
<p>Capt Graine can best help you in this matter</p> <p>he will provide you with whatever</p> <p>you should have.</p> <p style="text-align: right;">cc: Capt. Graine</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input checked="" type="checkbox"/>	

Staff Member Name

Print

Davis
Sign

Date

8/10/04

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
August 31, 2004**

SUBJECT: First-Level Appeal
To Grievance Number 90518

TO: Mr. Rankin, EU-5850
F Unit, C Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your grievance, number 90518, dated July 26, 2004; the Initial Review Response by Lieutenant Leggett, dated August 14, 2004; and your first-level appeal, received in this office on August 20, 2004.

I find the issues raised at first-level appeal, were addressed appropriately and responsibly by staff at initial review.

Please be advised, I concur fully with the Initial Review Response provided by Lieutenant Leggett. Your appeal offers no evidence of merit on which to reconsider his investigation of this matter.

Your grievance contained several issues, although some were untimely as stated in his response, all of which Lieutenant Leggett addressed contrary to your belief.

Your appeal is, hereby, denied.

LSF: msh

cc: Deputies
Grievance Coordinator
DC-15

8/20/04

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER GRIEVANCE APPEAL 90518		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Superintendent Folino		2. Date: 08/19/04	
3. By: (Print Inmate Name and Number) DERRICK RANKINE EUS850 Derrick Rankine Inmate Signature		4. Counselor's Name Mr. Ivan	
		5. Unit Manager's Name Captain Graine	
6. Work Assignment		7. Housing Assignment FIB-12	
8. Subject: State your request completely but briefly. Give details.			
<p>This grievance was and remained about my property which were stolen on 06/21/04 by Lt. Leggett, Captain Hall, Sgt. Turner, CWO and CIO Thompson, in retaliation for filing a civil lawsuit against SCI-GREENE'S STAFF and refusing to withdraw this lawsuit. Now my property have not been returned to me as yet and I would like the above property returned so I can draft legal documents and mail them to the Courts. The veries the mentally lying and degrades Lt. Leggett addressed were given to support my allegations and contention that my property were stolen in an effort to deny me access to the Court and they were all raised on privilege vanes which are in the property the Lt. Leggett stole on 06/21/04 and refused to returned to me.</p> <p>Finally my name is Derrick Anthony Rankine and was always Derrick Rankine and there/fore NO ONE EXCEPT GOD WILL EVER signed my NAME INCORRECTLY to please them. As a matter of fact, the property that Lt. Leggett, Captain Hall, Sgt. Turner, CWO and Thompson stole from my cell on June 21, 2004 have enough evidence to prove that my name is Derrick Rankine. NOW I NEED my property that was removed from my cell on June 21, 2004 to prepare draft and mailed legal documents to the Courts (and) I will NEVER NEVER change my NAME or withdraw my lawsuit against SCI-GREENE'S STAFF EVEN IF I must die. You must face me in Court or kill me. THE ball is in your Court.</p>			
9. Response: (This Section for Staff Response Only)		To DC-14 CAR only <input type="checkbox"/> To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print Sign

FOR OFFICIAL USE ONLY

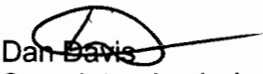
90975

GRIEVANCE NUMBER

DATE: July 27, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankine, ~~RECEIVED~~
F Unit, C Pod

FROM: 
Dan Davis
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments: You must use your name of commitment.

DD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

90975
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>Don Davis</u>	FACILITY: <u>SCITOWNE</u>	DATE: <u>7/26/04</u>
FROM: (INMATE NAME & NUMBER) <u>DERRICK RANSINE EU5850</u>	SIGNATURE OF INMATE: <u>Demick Rankine</u>	
WORK ASSIGNMENT: <u>\$1000/day relief requested</u>	HOUSING ASSIGNMENT: <u>RHU EC-12</u>	
INSTRUCTIONS: <u>Permanent Separation From CIO Stickle / Bomberger and Thompson</u>		
<ol style="list-style-type: none"> 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. 		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>Today July 26, 04; CIO Stickle came to my cell door with CIO Bomberger and said to me "You smell my mother's stinking pussy RANSINE" and "I must Fuck you up the ass just like I Fucked my mother up the ass; or I am going to kill you" and "No, I am not leaving you alone because you are my pussy" while CIO Bomberger laughed. CIO Bomberger and Thompson then denied me a soap, a shower and pen and razor with shaving cream and told me this will going on until I have a homosexual relationship with CIO Stickle. CIO Bomberger also refused to give me my property: glasses and replacement pen, and said "You must do what CIO Stickle want."</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I asked to see Lt Meighen and Sgt Bowman and pressed the EMERGENCY button. All evening I informed Mr. Ivan on 07/20/04, 07/26/04, Lt Meighen on 07/20/04, Lt Santoro on 03/04/04 and 03/10/04; yet CIO Stickle was allowed to come to my cell door and abused me daily. I also filed numerous grievances and requests about the above behavior of CIO Stickle.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

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91056

GRIEVANCE NUMBER

DATE: July 30, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, C PodFROM: Dan Davis
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. _____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. _____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. _____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. _____ Group grievances are prohibited.
5. X **The grievance was not signed and/or dated.**
6. _____ Grievances must be legible and presented in a courteous manner.
7. _____ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. _____ Grievances based upon different events shall be presented separately.
9. X **The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.**
10. _____ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. _____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. _____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

91056
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Dan Davis	FACILITY: SCI GREENE	DATE: 7/28/04
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE EU5856	SIGNATURE of INMATE: Jerrick Rankine	
WORK ASSIGNMENT: \$1000/day + \$120,000 For property value	HOUSING ASSIGNMENT: RHUF-C-12	
INSTRUCTIONS: RELIEF REQUESTED ON THE RETURN OF ALL PROPERTY IMMEDIATELY		
<p>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</p> <p>2. State your grievance in Block A in a brief and understandable manner.</p> <p>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</p>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>On June 21, 2004, Captain Hall, Lt. Leggett, Sgt. Tanner, C/O Coy, and C/O Thompson, conspired with others to steal and did steal all my property, in retaliation for me giving C/O Coy, the summons against SCI GREENE staff to be mailed to the United States Marshall and since then Lt. Meighen, Sgt. Grego, and others have continued and is still refusing to return my property and informed me of the whereabouts of my property in an effort to deny me access to the courts; they have also refused to give me replacement pens when my pens are out of ink. Under no circumstances will I redraw or settle this lawsuit without Judge Baxter's input and knowledge.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>Informed Mr. Ivan, Dr. Sacks, Dr. Cann, Lt. Meighen, Lt. Leggett, Lt. Santoya, Lt. Guttan, Sgt. Tanner, Sgt. Marshall, Sgt. Bowman, Sgt. Cassidy and Sgt. Grego of the July 12 and July 30, 2004 deadline. Went numerous requests to PRC, Captain Hall, Captain Graney, and the Superintendent, Secretary Beard and Governor Rendell; yet my property have not been returned as yet.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 OFFICE OF THE SUPERINTENDENT'S ASSISTANT
 SCI-GREENE

FOR OFFICIAL USE ONLY

91057

GRIEVANCE NUMBER

DATE: July 30, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, C PodFROM: Dan Davis
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ____ Group grievances are prohibited.
5. X **The grievance was not signed and/or dated.**
6. ____ Grievances must be legible and presented in a courteous manner.
7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ____ Grievances based upon different events shall be presented separately.
9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ____ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:tlis

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

91057

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Don Davis	FACILITY: SCI-GREENE	DATE: 07/28/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE Derrick Rankine	
WORK ASSIGNMENT: B1553/day; Permanent Separation From	HOUSING ASSIGNMENT: RHU F-C-12	
INSTRUCTIONS: C/O Anderson, Stickle, Bomberger, Bowlin, Blaker, Grego, and Henderson.		
<ol style="list-style-type: none"> 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. 		

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 07/27/04, C/O Anderson informed me that he was the pod officer for F-C-pod. I informed C/O Anderson that I needed a soap and a pen since my pen was empty. C/O Anderson responded as follows "the back of my balls are itching me, are you going to scratch them for me?" Following this C/O Anderson then joined with C/O Stickle in telling me "you smell like a pussy Rankine" in front of the whole pod, Sgt. Grego, C/O Bomberger, Piper, Bowlin and others who all laughed then left the pod. This was all done without provocations and in retaliation for case CASH-100 ERIE.

B. List actions taken and staff you have contacted, before submitting this grievance.

I pressed the emergency button and asked to see the RHTC (MEIGHEN) who refused to see me. I then report the above to the bubble officer then file this grievance. AGAIN FEAR FOR my life from the above named staff and am seeking a permanent separation from them all.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

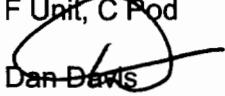
Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: July 30, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, C Pod

FROM: 
Dan Davis
Superintendent's Assistant

FOR OFFICIAL USE ONLY

91059

GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:tlis

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

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91059

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Dan DAVIS	FACILITY: SCI-GREESE	DATE: 7/28/04
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE EU 5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: 52550 day relief requested plus permanent	HOUSING ASSIGNMENT: F-C-12	
INSTRUCTIONS: SEPARATION FROM CLO STICKLES, BOMBERGER, BOWLIN, BLAKER, GREGG, ANDERSON, HENDERSEN et		
<p>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</p> <p>2. State your grievance in Block A in a brief and understandable manner.</p> <p>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</p>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>On 07/27/04, CLO STICKLES came to my cell door and opened the tray slot; he quickly closed it, and said "you smell like my mother's stinking pussy RANKINE". CLO ANDERSON then said "No he smells like an ass or is it pussy?" at which CLO STICKLES said "he smells like pussy". This was said and done before the whole of F-C-pod plus CLO BOMBERGER, PIPER, GREGG, BOWLIN et. This behavior have been going on since June 18, 2004, in retaliation because I filed a lawsuit against SCI-GREESE'S STAFF and gave CLO COY the summons to be mailed on June 18, 2004, to U.S. Marshall.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I have repeatedly and consistently asked for a permanent separation from CLO STICKLES, ANDERSON et since March, 2004 to no avail. I have filed, refiled and informed Superintendent Folino, Mr. Ivan, Mr. McHugh, Sgt. Eggett and Sgt. Gregg that I would like a permanent separation from the above staff members to no</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804. **AVAIL.**

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY
91547
GRIEVANCE NUMBER

DATE: August 5, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, ~~EU-5850~~
F Unit, C Pod

FROM: Dan Davis
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☒ **The issue(s) presented on the attached grievance has been reviewed and addressed previously.**

Additional Comments: Refer to grievance number 91056.

DD:tls

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DEPARTMENT OF CORRECTIONS
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CAMP HILL, PA 17001-0598

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91547
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>Dan Davis</u>	FACILITY: <u>SCI PENNSYLVANIA</u>	DATE: <u>08/05/04</u>
FROM: (INMATE NAME & NUMBER) <u>DERRICK RANKINE</u>	SIGNATURE of INMATE: <u>Derrick Rankine</u>	
WORK ASSIGNMENT: <u>\$1000/day relief requested</u>	HOUSING ASSIGNMENT: <u>FC-12</u>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 07/31/04, I sent a request to Captain Graine and Superintendent Folino, asking that my property which were stolen from my cell F109 on June 21 2004 by Captain Hall, Lt. Leggett, Sgt. Tanner, CIO Coy and Thompson be returned to me; and asking for the necessary supplies to prepare my documents to be mailed to the Courts be given to me; as an effort to obstruct the due administration of justice and deny me access to the Courts Captain Graine denied these requests and placed me on restricted movement.

Personal Conference with PRC and the Superintendent requested. I need my property and 1400 typing sheets 140 carbon papers, 15 replacement pens, 15 manila envelope access to the law library, copy machine and a stapler.

B. List actions taken and staff you have contacted, before submitting this grievance.

I sent 4 requests to PRC 6 to Captain Graine and 6 to Superintendent Folino, 2 letters to Secretary Beard, 2 to Governor Rendell, 2 to Judge Baxter, 2 to the United States House of Representatives (Congressman Charles Fattah), 2 letter to the Attorney General of the United States seeking federal indictments against staff.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

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Revised
December 2000